



Evergreen Healthcare

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Position applying for _____

Date: _____

This application is current only for thirty (30) days, at the conclusion of which time if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

Each section of this Application for Employment must be completed fully and accurately. No action will be taken on an incomplete Application.

This Company will make reasonable accommodation in the application process, if needed.

Last Name

First Name

Middle Initial

Address

City

State

Zip

Phone

Will you consider:

Temporary

☐ Yes

☐ No

Day Shift

☐ Yes

☐ No

Part-Time

☐ Yes

☐ No

Evening Shift

☐ Yes

☐ No

Full-Time

☐ Yes

☐ No

Night Shift

☐ Yes

☐ No

Weekend Shifts

☐ Yes

☐ No

We will attempt to reasonably accommodate employees who require certain hours or days off because of religious beliefs or practices

Are you younger than 16 years of age:

☐ Yes ☐ No

Have you applied here before?

☐ Yes ☐ No

If yes, when? _____

For what position? _____

Have you been employed by Evergreen Healthcare before?

☐ Yes ☐ No

If yes, when? _____

In what position/facility: _____

Are you lawfully authorized to work in the U.S.?

☐ Yes ☐ No

Have you been convicted of a crime other than traffic violation?

☐ Yes ☐ No

Conviction of a crime may not be an automatic bar to employment. Factors such as the seriousness and nature of the violation, age of the offense, and rehabilitation will be taken into consideration.

Are you excluded from participation in any Federal or State Healthcare Program?

☐ Yes

☐ No

If yes, explain: _____

List other names you have been employed by or known by: _____

EDUCATION

Please list all education, specialized training and experience which relates to the position applied for and would help you in the performance of your work in that position. Provide the name of the school, degrees obtained, areas of study, and training.

EDUCATION TYPE	NAME OF SCHOOL	LOCATION	Last Year Attended	AREAS STUDIED	DIPLOMA/ DEGREE Received
HIGH SCHOOL/GED	_____	_____	<input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	_____	_____
COLLEGE	_____	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	_____	_____
NURSING SCHOOL	_____	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	_____	_____
OTHER	_____	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	_____	_____

List other job-related skills acquired or any additional educational background that is pertinent to your application, including military work experience or training related to the position applied for. (Exclude information, which discloses if you are a member of a protected class).

RN, LPN, C N A or other professional requiring licensure: Are you currently licensed? ☐ Yes ☐ No # _____ State _____

PERFORMING ESSENTIAL FUNCTIONS

All applicants will be hired based on their abilities to perform the job applied for, with or without reasonable accommodations.

I can perform the essential functions of the position for which I am applying, with or without reasonable accommodation:

☐ Yes ☐ No

WORK EXPERIENCE

Beginning with the most recent employer, list all present and past employment that space will allow.

From To (Month/Year)	Name, Address, Phone # & Supervisor	Rate of Pay	Position	Reason for Leaving

If you are currently employed, may we contact your current employer for a reference? ☐ Yes ☐ No

If selected for employment, when would you be available to begin work? _____

PERSONAL REFERENCES

List three persons, other than relatives, who have known you for one year or more:

Name	Address	Phone	Relationship

RELEASE & CERTIFICATION

I certify that the facts set forth on this application are true and complete to the best of my knowledge. I understand:

- ✓ Any concealment or misrepresentation will result in denial of employment or termination of employment, regardless of how or when discovered.
- ✓ I may be required to work at other than my regular assignment.
- ✓ I am subject to an initial evaluation period of employment.
- ✓ I may be asked to participate in a drug and alcohol-testing program as part of the facility's effort to maintain a drug-free environment. Consistent with Federal OBRA regulations, the facility will check my criminal history.
- ✓ The facility must check with prior employers in order to make a hiring decision. I authorize the facility to contact any and all of the references noted above, in any manner they choose.

I authorize the Company to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Company. I hereby release and hold the Company harmless from any claim for releasing any truthful information within its knowledge and/or records.

I have had an opportunity to have my questions about this statement's content and intent answered and understand its term.

Signature: _____ **Date:** _____

An Equal Opportunity Employer